

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							FILING DATE 1/16/25 0925
							APPLICANT(S)
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						61
2		/					62
3		/					63
4		/					64
5		/					65
6		/					66
7		/					67
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39							99
40							100
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49							
50	2						
TOTAL IND.							TOTAL IND.
TOTAL DEP.	76						TOTAL DEP.
TOTAL CLAIMS	18						TOTAL CLAIMS

PTO 1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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